PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
Tradsmark Office: ILS DEPARTMENT OF COMMERCE

Under the Paperwork Red	uction Act of 1995,	, no person are re	espond to a collection of information unless it displays a valid OMB control number.									
Effect	Complete if Known											
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					ion Nun	nber	10/799,801					
FEE TRANSMITTAL					ate		March 12, 200					
For	First Named Inventor				n ROOSENDAAL							
	-				H. C. Nguyen							
Applicant claims sma		7 de Orine			2871							
TOTAL AMOUNT OF PAYM	ENT	(\$) 210.00	Attorney Docket No. 0152-0802PUS3									
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION	37 OF IC 1, 10 G	na 1.17			-							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES												
		G FEES	SE	ARCH FE	EES	EXAMI	NATION FEES	3				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$		Entity (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)				
Utility	310	155	510		55 5191	210	105	CCS I ald (V)				
Design	210	105	100		50	130	65					
Plant	210	105	310		55	160	80	-				
Reissue	310	155	510		55	620	310					
Provisional	210	105	0.0		0	020	0	-				
	41 0	105	v		U	U	U	Small Entir				
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)												
Each claim over 20 (inclu								50 25				
Each independent claim o		g Keissues)						210 105				
Multiple dependent claim	5 - 1 - 1 - 2 4 1				370 185							
		<u>ee (\$)</u> iO.OO ≃	-				ultiple Dependent Claims					
12 - 22 = HP = highest number of total c				.00			ee (\$)	Fee Paid (\$)				
		ee (\$)	Fee f	Paid (\$)				<u> </u>				
6 -5=		10.00 =		0.00	_							
HP = highest number of indepe	endent claims paid	for, if greater than										
3. APPLICATION SIZE FE												
If the specification and d listings under 37 CFR	t 1.52(e)), the a	application size	e fee du	e is \$260	(\$130 f							
sheets or fraction ther							- 44					
	Extra Sheets			dditional 5				Fee Paid (\$)				
- 100 = _ 4, OTHER FEE(S)		ou =		(round up	to a wno	ole number) ×	=				
Non-English Specifica	tion \$130 fee	Ino small ent	fity disc	ount)				Fees Paid (\$)				
Other (e.g., late filing		(Ito buildin 41.1	ity wive.	Milly								
SUBMITTED BY	1							<u></u>				
Signature	mi	,		Registration (Attorney/Ag		32,881	Telephone	(703) 205-8000				
Name (Print/Type) John W.	Bailey			(I maning)	0,11		Date	July 11, 2008				
-												
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).												
Dated: July 11, 2008 Signature: (John W. Bailey)												

AME	Docket No. 0152-0802PUS3											
Application No.		Filing		Examiner		Art Unit						
10/799,801		March 12	H. C. Nguye	תי	2871							
Applicant(s): Sander Jurgen ROOSENDAAL et al.												
Invention: ARRANGEMENTS IN A TRANSFLECTIVE LIQUID CRYSTAL DISPLAY												
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450												
Transmitted herewith is an amendment in the above-Identified application. The fee has been calculated and is transmitted as shown below.												
CLAIMS AS AMENDED												
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate								
Total Claims	12	- 22 =	0	x 50.00		0.00						
Independent Claims	6	- 5 =	1	x 210.00		210.00						
Multiple Dependent Claims (check if applicable)												
Other fee (please specify):												
TOTAL ADDIT		210.00										
x Large Entity Small Entity												
No additional fee is required for this amendment.												
Please charge Deposit Account No. 02-2448 in the amount of \$ 210.00 . A duplicate copy of this sheet is enclosed.												
A check in the amount of \$ is enclosed.												
Payment by credit card. Form PTO-2038 is attached.												
The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.												
Credit any overpayment.												
Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.												
Dated: July 11, 2008												
John W. Bailey Attorney Reg. N												
BIRCH, STEW, 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	e Road Irginia 22040-		LP									

Birch, Stewart, Kołasch & Birch, LLP JWB/jg